

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

02704

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge, Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 yrs. 9 mo. 21 daysHospital, institution, or street address where death occurred:
Eastern Shore State HospitalHow long in hospital or institution? 3 yrs. 9 mo. 21 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Marion Station
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION) ✓

2.(a) If veteran, name war _____

3. (a) FULL NAME

Lena Adams

3. (b) Social Security Number

none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
<u>female</u>	<u>white</u>	<u>single</u>

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) May 25, 1881

8. AGE:	Years	Months	Days	It less than one day
	<u>66</u>	<u>9</u>	<u>20</u>	_____ hrs. _____ min.

9. Birthplace Marumsco, Md.
(Town, county, and state)10. Usual occupation Housework

11. Industry or business _____

12. Name Joshua B. Adams13. Birthplace Maryland14. Maiden name Margaret A. Matthews15. Birthplace Maryland16. Informant Eastern Shore State Hospital RecordsAddress Cambridge, Maryland17. Burial Date thereof 21, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rehoboth BaptistLocation Rehoboth Baptist18. Funeral director John MacgregorAddress Cambridge, Md.19. 3/18/48 19 48
(Date rec'd by registrar) Registrar John Macgregor

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 19 48, at 3:45 a.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 24, 1944 to March 16, 1948 and that I last saw him alive on March 16, 1948Immediate cause of death Cancer - Myocardial DegenerationDue to Metastatic carcinoma
Stomach

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Grace M. Branscombe, M.D. M. D. or otherAddress E.S.S.H. Cambridge, Md. Date signed 3/16/48

Mr. Ward



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

02705

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County.....Dorchester
 City or town.....Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....19 ds
 Hospital, institution, or street address where death occurred:
 Eastern Shore State Hospital
 How long in hospital or institution?.....19 ds

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Maryland.....County.....Wicomico
 City or town.....Fruitland
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....✓

3. (a) FULL NAME

William Lee Banks

3. (b) Social Security Number

none

4. Sex.....Male
 5. Color or race.....White
 6.(a) Single, married, widowed, or divorced.....Single
 6.(b) Name of husband or wife.....
 6.(c) If alive, give age.....years
 7. Birth date of deceased (mo., day, yr.).....1867?
 8. AGE: Years.....80? Months..... Days..... If less than one day.....hrs. min.

9. Birthplace.....Fruitland Wicomico Maryland
 (Town, county, and state)
 10. Usual occupation.....Rail road laborer
 11. Industry or business.....
 FATHER
 12. Name.....Thomas Banks
 13. Birthplace.....Fruitland Wicomico Cy Md.
 MOTHER
 14. Maiden name.....Mary Townsend
 15. Birthplace.....Fruitland Wicomico Cy Maryland

16. Informant.....Hospital Records
 Address.....Cambridge, Md.
 17. Burial, cremation, or removal. Which?.....Burial Date thereof.....Mar. 29/1948
 (month) (day) (year)
 Cemetery or crematory.....Banks' Burial
 Location.....near Fruitland, Md.
 18. Funeral director.....
 Address.....
 19. 3/27/48 John M. M. M. Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH.....March 25.....19.....48, at.....8:45p.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 March 7.....19.....48 to.....March 25.....19.....48
 and that I last saw h.....im alive on.....March 25.....19.....48

Immediate cause of death.....Cerebral thrombosis.....DURATION.....7 ds

Due to.....
 Due to.....

Other conditions.....Chronic Myocarditis and Myocardial degeneration.....unknown
 (Include pregnancy within 3 months of death)

Major findings of operations.....Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide.....Date of.....
 Where did injury occur?.....(City or town).....(County).....(State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury.....Injured at work?

23. SIGNATURE.....Chas. J. Brumfield, Jr.
 M. D. or other
 Address.....Cambridge, Md.....Date signed.....3/25/48

RECEIVED

MAR 30 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02706

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
County <u>Dorchester</u>		(For newborn infants give residence of mother)	
City or town <u>Rhodesdale, Md. R.F.D.</u>		State <u>Maryland</u> County <u>Dorchester</u>	
(If outside city or town limits, write RURAL and give nearest town)		City or town <u>Reid's Grove, Md.</u>	
How long in above place of death? <u>all of life</u>		(If outside city or town limits, write RURAL and give nearest town)	
Hospital, institution, or street address where death occurred:		Street No. <u>P.O. Rhodesdale, R.F.D.</u>	
<u>at home</u>		(If rural, give LOCATION)	
How long in hospital or institution? <u>X</u>		2. (a) If veteran, name war	

3. (a) FULL NAME	3. (b) Social Security Number
<u>Harry Linwood Bell</u>	

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
<u>male</u>	<u>white</u>	<u>single</u>
6. (b) Name of husband or wife <u>X X</u>		
6. (c) If alive, give age _____ years		
7. Birth date of deceased (mo., day, yr.) <u>June 4, 1908</u>		
8. AGE:	Years	Months
	<u>39</u>	<u>9</u>
		<u>1</u>
	It less than one day _____ hrs. _____ min.	

B. Birthplace <u>Dorchester County, Md.</u>	
(Town, county, and state)	
10. Usual occupation <u>farming</u>	
11. Industry or business <u>ff</u>	
12. Name <u>Samuel Benjamin Bell</u>	
13. Birthplace <u>Md.</u>	
14. Maiden name <u>Mary Virginia Henry</u>	
15. Birthplace <u>Md.</u>	

16. Informant <u>Mary V. Bell</u>	
Address <u>Rhodesdale, R.F.D.</u>	
17. <u>Burial</u> Date thereof <u>Mar. 7, 1948</u>	
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory <u>Cemetery</u>	
Location <u>East New Market, Md.</u>	
18. Funeral director <u>H. H. Wellough & Son</u>	
Address <u>East New Market, Md.</u>	
19. <u>March 6</u> 19 <u>48</u> <u>Elizabeth C Smith</u>	
(Date rec'd by registrar) Registrar	

MEDICAL CERTIFICATION

20. DATE OF DEATH	<u>March</u>	<u>5</u>	<u>1948</u>	at	<u>5</u>	<u>A.</u>	<u>M</u>
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from							
<u>X X</u> 19 <u>X X</u> 19							
and that I last saw him alive on <u>X X</u> 19							

Immediate cause of death	DURATION
<u>Disease of Coronary Arteries</u>	<u>?</u>
Due to <u>Arterio-Sclerosis</u>	<u>?</u>
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	
Major findings of operations	Date of op.

Autopsy results	
PHYSICIAN: Please underline the cause to which death should be charged statistically.	
22. VIOLENCE: If death was due to external causes, fill in the following:	
Accident, suicide, or homicide	Date of
Where did injury occur?	(City or town) (County) (State)
Injured at home, farm, industry, public place (where?)	
Means of injury	Injured at work?
23. SIGNATURE <u>Jo. H. Shivers, Dep. Med. Exam.</u>	
M. D. or other	
Address <u>Cambridge, Md.</u>	Date signed <u>Mar. 5/48</u>

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MAR 9 1948

BUREAU V. S.

2

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

02707

1. PLACE OF DEATH:
County Dorchester
City or town Vienna
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
Home-Vienna
How long in hospital or institution? - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Vienna
(If outside city or town limits, write RURAL and give nearest town)
Street No. - - - -
(If rural, give LOCATION)
2. (a) If veteran, name war World War 11

3. (a) FULL NAME
S. Chancey Bennett

3. (b) Social Security Number
215-10-5376

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Mary Hearn
6. (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) Aug. 26, 1912

8. AGE: Years 35 Months 11 Days 19 If less than one day
..... hrs. min.

9. Birthplace Vienna, Dor. Co., Md.
(Town, county, and state)

10. Usual occupation Engineer

11. Industry or business Easton Public Service Co.

12. Name Samuel J. Bennett

13. Birthplace Maryland

14. Maiden name Sallie Layton

15. Birthplace Maryland

16. Informant Mrs. Mary H. Bennett

Address Vienna, Maryland.

17. Burial Date thereof Mar. 17, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mardela Cemetery

Location Mardella, Wicomico Co., Md.

18. Funeral director LECompte's Funeral Service

Address Cambridge, Maryland.

19. March 16, 48 John Mace
(Date rec'd by registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14, 1948 at 2:30 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
..... 19....., to..... 19.....
and that I last saw h..... alive on..... 19.....

Immediate cause of death.....
Suffocation and Burns
Due to Fire in home

Due to.....
Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....
Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of Mar. 14/48

Where did injury occur? Vienna - Dor. Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) at home

Means of Injury Fire Injured at work? No

Signature Dr. H. Shriver - Dep. Med. Exam.
M. D. or other

Address Cambridge - Md. Date signed Mar. 15/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 19 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9400

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester Co.City or town Salem (Rural)
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County DorchesterCity or town Salem (Rural)
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Alice Ruth Butler

3. (b) Social Security Number

None4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced Widow6. (b) Name of husband or wife Frank Sherman Butler7. Birth date of deceased (mo., day, yr.) Sept. 6, 18678. AGE: Years 80 Months 6 Days 6 If less than one day _____ hrs. _____ min.9. Birthplace Isabella Co. Michigan
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Robert Sheldon12. Name Michigan13. Birthplace Unknown14. Maiden name "15. Birthplace Ms. Flays Butler16. Informant Cardova17. Burial Burial Date thereof Feb 15 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Spring HillLocation Easton Md18. Funeral director Maurice E. NewmanAddress Easton Md19. March 17 1948 John Macey Md
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12, 1948 at 3:30 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-8 18 45 to 3-10 19 48and that I last saw h. C.R. alive on 3-10 19 48Immediate cause of death Coronary heart disease DURATION 2 1/2 yrs.Due to Arterio Sclerosis 10 yrs.

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Alice R. Butler MD M. D. or otherAddress 32 Race St. Cambridge Md Date signed 3-13-48

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MAR 19 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02709

Reg. Dist. No. 110

1. PLACE OF DEATH:

County DorchesterCity or town Hurlock - Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Bottom

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Hurlock - Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Bottom

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Lillian Camper

3. (b) Social Security Number

213-22-7216

4. Sex <u>Female</u>	5. Color or race <u>Colored</u>	6. (a) Single, married, widowed, or divorced <u>Single</u>
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6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) May 23, 1902

8. AGE:	Years <u>45</u>	Months <u>10</u>	Days <u>0</u>	If less than one dayhrs.min.
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9. Birthplace Dorchester County, Maryland
(Town, county, and state)10. Usual occupation Housework11. Industry or business Home12. Name Nelson Henry13. Birthplace Dorchester County, Maryland14. Maiden name Lillian Camper15. Birthplace Dorchester County, Maryland16. Informant John W. HudsonAddress Hurlock, Maryland, R.F.D.17. Burial Date thereof March 29, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Washington Colored CemeteryLocation Near Hurlock, Maryland18. Funeral director J. J. Frampton and sonAddress Federalsburg, Maryland19. March 29-1948 Registrar Charles H. Hating
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23, 1948 at 9 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 2, 1948 to March 23, 1948 and that I last saw him alive on March 23, 1948

Immediate cause of death

Coronary infarct

Due to

Due to Syphilis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

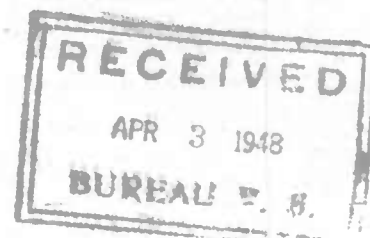
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. O. Harrison M.D. M. D. or otherAddress Hurlock, Md. Date signed 3/24/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1600

02710

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 Days
Hospital, institution, or street address where death occurred:
Cambridge Md. Hospital
How long in hospital or institution? 2 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

ROBERT OR. Boy Cephas.

3. (b) Social Security Number

4. Sex male 5. Color or race col 6. (c) Single, married, widowed, or divorced _____

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) March. 27 1948 6. (c) If alive, give age _____ years

8. AGE: Years _____ Months _____ Days 2 If less than one day _____ hrs. _____ min.

9. Birthplace Cambridge, Md.
(Town, county and state)

10. Usual occupation _____

11. Industry or business _____

FATHER 12. Name Robert ABRAHAM

13. Birthplace Cambridge, Md

MOTHER 14. Maiden name Margaret Cornish

15. Birthplace Cambridge Md.

16. Informant Margaret S Cephas

Address Cambridge Md.

17. Burial Date thereof Mar 30 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Waucho Cemetery

Location Cambridge Md.

18. Funeral director H. M. Bellamy & Son

Address Cambridge Md.

19. 3-30- 19 48 John Mace Jr. M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1948 at 4:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 27 1948 to March 29 1948 and that I last saw him alive on March 28 1948

Immediate cause of death Prematurity DURATION 2 days

Due to Premature labor

Due to Premature separation of placenta

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE John E. Bunker M. D. or other _____

Address Cambridge Md Date signed 3-29-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 3 1948

BUREAU V. S.

Evidence for change
of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02711

186a

FILE No. G 114 MAR 15 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 days
Hospital, institution, or street address where death occurred:

Cambridge Maryland Hospital
How long in hospital or institution? 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Kent

City or town Chestertown
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Frank Clark

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife Mary Clark

7. Birth date of

deceased (mo., day, yr.)

November 17, 1867

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

It less than one day

80

3

18

hrs.

min.

9. Birthplace

Cecil Co. Maryland
(Town, county, and state)

10. Usual occupation

retired salaried

11. Industry or business

Building Material

FATHER

12. Name

John J. Clark

13. Birthplace

Cecil Co. Maryland

MOTHER

14. Maiden name

Rosanna Gatti

15. Birthplace

Cecil Co. Maryland

16. Informant

Mrs. Mary Clark (wife)

Address

Chestertown, Maryland

17.

Burial

Date thereof

3/8/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Chestertown

Location

Chestertown, Maryland

18. Funeral director

Marvin V. Williams

Address

Chestertown, Maryland

19.

3/8/48

19

John Mace Jr. M.D.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 19 48 at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1, 1948 to March 6, 1948 and that I last saw him alive on March 6, 1948

Immediate cause of death Coronary occlusion

DURATION

1 hr.

Due to Arteriosclerotic cardiovascular disease.

Due to Fracture left femur 6 days

Other conditions Senile dementia ?

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

John Mace Jr. M.D.
Cambridge, Md.

M. D. or other

Address _____ Date signed 3/6/48

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAR 9 1948

BUREAU V. S.

What caused the fracture?
Accident?

When?

Where?

Means of injury?

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02712

CERTIFICATE OF DEATH

Reg. Dist. No. *16*

1. PLACE OF DEATH: *Dorchester*
County *Cambridge*
City or town *all of life*
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
406 High St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State *Maryland* County *Dorchester*
City or town *Cambridge*
(If outside city or town limits, write RURAL and give nearest town)
Street No. *406 High St.*
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Lucy Cole

3. (b) Social Security Number

4. Sex *female* 5. Color or race *colored* 6.(a) Single, married, widowed, or divorced *married*
6.(b) Name of husband or wife *John Cole*
6.(c) If alive, give age *70* years
7. Birth date of deceased (mo., day, yr.) *about 1868*
8. AGE: Years *about 80* Months *x* Days *x* If less than one day *hrs. min.*

9. Birthplace *Maryland*
(Town, county, and state)
10. Usual occupation *none*
11. Industry or business *x*
12. Name *Peyton*
13. Birthplace *Md.*
14. Maiden name *unknown*
15. Birthplace *Md.*

16. Informant *Beatrice Clash*
Address *406 High St. - Cambridge, Md.*

17. *Mar. 24 1948*
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)

Cemetery or crematory *Cenelux*
Location *near Cambridge Md.*

18. Funeral director *Lewis H. Bayne*
Address *Cambridge Md*

19. *3/30/48*
(Date rec'd by registrar) Registrar *John D. ...*

MEDICAL CERTIFICATION

20. DATE OF DEATH *March 18 1948* at *9 A.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *x x* 19... to *x x* 19...
and that I last saw h... alive on *x x* 19...

Immediate cause of death *Disease of Coronary Arteries*

Due to *Arterio-Sclerosis*

Due to *x*

Other conditions *x*

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury injured at work?

Signature *J. H. Shivers - Dep. Med. Exam.*
M. D. or other

Address *Cambridge, Md.* Date signed *Mar. 18/48*

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 22 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02713

Reg. Dist. No. 110

1. PLACE OF DEATH:

County DorchesterCity or town Rhodesdale - Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Brookview

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rhodesdale - Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Brookview
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Cyrus J. Collins

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Mary M. Collins

7. Birth date of

deceased (mo., day, yr.)

November 9, 18626. (c) If alive, give age 77 years

8. AGE:

Years

Months

Days

It less than one day

85325

hrs.

min.

9. Birthplace

Dorchester County, Maryland
(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

Farm

MOTHER FATHER

12. Name

Noble H. Collins

13. Birthplace

Federalburg, Maryland

14. Maiden name

Sarah Bell

15. Birthplace

Dorchester County, Maryland

16. Informant

Mrs. Lester Murphy

Address

Rhodesdale Maryland, R.F.D.

17.

(Burial, cremation, or removal, Which?)

Date thereof

March 6, 1948
(month) (day) (year)

Cemetery or crematory

Brookview Cemetery

Location

Brookview, Maryland

18. Funeral director

J. J. Frampton and Son

Address

Federalburg, Maryland

19.

(Date rec'd by registrar)

March 6, 1948Charles Hedinger

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3, 1948 at 2:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1944 to March 3, 1948

and that I last saw him alive on

March 2, 1948

Immediate cause of death

Arteriosclerosis

DURATION

8 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. J. Frampton and Son
Address Shampton Rd Date signed 3/5/48

RECEIVED

MAR 10 1943

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1330

CERTIFICATE OF DEATH

02714

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 415 Pine Street (15)
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

COSTON BERTHA

3. (b) Social Security Number

4. Sex female 5. Color or race Col. 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife _____
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) April 16, 1919
 8. AGE: Years 28 Months 11 Days 4 if less than one day _____ hrs. _____ min.

9. Birthplace Woolford Md.
 (Town, county, and state)
 10. Usual occupation Laborer
 11. Industry or business _____

FATHER 12. Name George Smith
 13. Birthplace Dor. Co. Md.
 MOTHER 14. Maiden name Elizabeth Coston
 15. Birthplace Woolford Md. (Dor. Co. Md.)

16. Informant Elizabeth Jones
 Address 415 Pine Street
 17. Burial Date thereof 3/23/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Madison Cemetery
 Location Madison Md.

18. Funeral director Louis H. Baynes
 Address Cambridge Md.

19. 3/23/48 19 48 John M. Baynes
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1948 at 9:35 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 18 1948 to March 20 1948
 and that I last saw him alive on March 19 1948

Immediate cause of death _____ DURATION _____
Asphyxiation
Due to Myocarditis 8 mos
Due to _____
Other conditions Myocarditis 15-20
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work?

23. SIGNATURE Carroll M. McLean M. D. or other _____
 Address _____ Date signed _____

RECEIVED

MAR 24 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

02715

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Rural-Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Two Years
Hospital, institution, or street address where death occurred:
RFD # 2
How long in hospital or institution? - - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
City or town Rural-Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. RFD # 2
(If rural, give LOCATION)
2. (a) If veteran, name war - - - - -

3. (a) FULL NAME

George Frederick Downey

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
6. (b) Name of husband or wife - - - - - 6. (c) If alive, give age - - - - - years
7. Birth date of deceased (mo., day, yr.) May 18, 1886
8. AGE: Years 61 Months 9 Days 17 If less than one day
hrs. min.

9. Birthplace St. Marys, Maryland
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business Canned Foods
12. Name Joseph M. Buchanan
13. Birthplace Maryland
14. Maiden name Anna Mary Crouch
15. Birthplace Maryland

16. Informant Mrs. C. D. Crump
Address Buchanan, Virginia
17. Burial Date thereof Mar. 17, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Greenlawn Cemetery
Location Cambridge, Maryland
18. Funeral director LeCompte's Funeral Service
Address Cambridge, Maryland.

19. Mar. 16, 48 John M. [Signature]
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15, 1948 at 2:30A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
August 31, 1946 to March 12, 1948
and that I last saw him alive on March 12, 1948

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension, Essential

Due to - - - - -

Other conditions - - - - -

(Include pregnancy within 8 months of death)

Major findings of operations None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - - - - - Date of - - - - -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lawrence Maryanov, M.D.
M. D. or other

Address - - - - - Date signed - - - - -

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 19 1948

BUREAU V. S.

Evidence for change of age
and addition of usual resi-
dence shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02716

93d

FILM No. G 115 APR 14 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester Co

City or town.....
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 1/2 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Dorchester

City or town Taylor's Island
(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(d) If veteran, name war.....

3. (a) FULL NAME

Matthew Ellis

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Cal

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Christine Ellis

7. Birth date of

deceased (mo., day, yr.)

May 13

6.(c) If alive, give age 69 years

1847

8. AGE:

Years

Months

Days

If less than one day

70

9

4

hrs.

min.

9. Birthplace

Taylor's Island

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

FATHER
MOTHER

12. Name

John Ellis

13. Birthplace

Dorchester Co

14. Maiden name

Dorchester Co

15. Birthplace

Dorchester Co

16. Informant

John Ellis

Address

Taylor's Island

17.

(Burial, cremation, or removal. Which?)

Date thereof

4 Mar.

Cemetery or crematory

Cambridge

Location

18. Funeral director

Leslie H. Bagnall

Address

Cambridge Md

19.

(Date rec'd by registrar)

March 7 1948 John Bagnall

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 5

19 48 at 3:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 12 19 48 to March 4 19 48

and that I last saw him alive on

March 4

19 48

Immediate cause of death

Uremia: underlying

cause Congestive heart failure

Due to

Due to

Other conditions

Arteriosclerotic heart disease

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. Edwin Smith M.D.

Address 300 Main Cambridge Md. Date signed 3-6-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

550

02717

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County..... Dorchester
 City or town..... Cambridge
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 47 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... DorchesterCity or town..... Cambridge
 (If outside city or town limits, write RURAL and give nearest town)Street No. 105 Jacobson Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Sarah Jane Barnett Garner

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Albert L. Garner

7. Birth date of deceased (mo., day, yr.)

May 16-1877

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

70106

hrs.

min.

9. Birthplace

Avery, Dor. Co.
 (low, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER
MOTHER

12. Name

Joseph T. Dickens

13. Birthplace

Dor. Co.

14. Maiden name

Sarah J. Barnett

15. Birthplace

Dor. Co.

16. Informant

Albert S. Garner

Address

Cambridge, Md.

17.

Burial

Date thereof

3-25-1948

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Dorchester Memorial Park

Location

Cambridge, Md.

18. Funeral director

Kenneth R. Shuman

Address

Cambridge, Md.

19.

3-23-

19

48John Mace

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 22 1948 9:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2-16 1948 to 3-22 1948
 and that I last saw him alive on 3-22-48

Immediate cause of death

Myocardial infarction

Due to

arteriosclerosis

Due to

hypertension

Other conditions

Coronary - 2nd 5yr
 (Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Albert S. Garner
Cambridge, Md.
 Address..... Date signed 3-23-48

RECEIVED

MAR 30 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

82

02718

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Church Creek

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 Years

Hospital, institution, or street address where death occurred:

Home-Church CreekHow long in hospital or institution? - - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty DorchesterCity or town Church Creek

(If outside city or town limits, write RURAL and give nearest town)

Street No. Church Creek

(If rural, give LOCATION)

2.(a) If veteran, name war - - - - -

3. (a) FULL NAME

Herman W. Fitzhugh

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Nancy Leona Moore

7. Birth date of

deceased (mo., day, yr.)

Oct. 15, 18826. (c) If alive, give age 41 years

8. AGE:

Years

65

Months

5

Days

13

It less than one day

hrs.

min.

9. Birthplace Golden Hill, Dor. Co., Md.

(Town, county, and state)

10. Usual occupation Saw Mill Operator11. Industry or business Lumber12. Name William Fitzhugh13. Birthplace Maryland14. Maiden name Mary Riggins15. Birthplace Maryland16. Informant Mrs. Carl BradshawAddress Golden Hill, Dor. Co., Md.17. Burial Date thereof Mar. 30, 1948

(Burial, cremation, or removal, Which?)

(month) (day) (year)

Cemetery or crematory St. John's CemeteryLocation Golden Hill, Dor. Co., Md.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 3/30/ 19 48

(Date rec'd by registrar)

John Mace

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28, 1948 at 10:30 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on Mar 28, 1948

Immediate cause of death

Cerebral haemorrhage -
metastatic paraneoplastic
Chr. nephritis (?)

DURATION

30 mins

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

M. D. or other

Date signed May 29/48

RECEIVED

APR 3 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1220

02719

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County CecilCity or town Campden
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 dayHospital, institution, or street address where death occurred:
Campden, Md. HospitalHow long in hospital or institution? 1 day

3. (a) FULL NAME

John Fisher

4. Sex

Male

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Mattie O'Day

7. Birth date of

deceased (mo., day, yr.)

March 11, 1868

8. AGE:

Years

Months

Days

If less than one day

7999

hrs.

min.

9. Birthplace

Chesapeake Co. - Pa.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or removal, Which?)

Date thereof

MAR. 12, 1948
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. Nov. 12 - 48

(Date rec'd by registrar)

John M. O'Day, M.D.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty WorcesterCity or town Campden city

(If outside city or town limits, write RURAL and give nearest town)

Street No. ✓

(If rural, give LOCATION)

2. (a) If veteran, name war ✓

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 1019 48at 5:25 P

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3/10/4819 48to 3/10/4819 48and that I last saw him alive on 3/10/4819 48Immediate cause of death Shock

DURATION

1 hourDue to Strangulated inguinalherniaDue to herniaOther conditions Shock?

(Include pregnancy within 3 months of death)

Major findings of operations Strangulated inguinalherniaDate of op. 3/10/48

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE John M. O'Day, M.D.Address Campden, Md.

M. D. or other

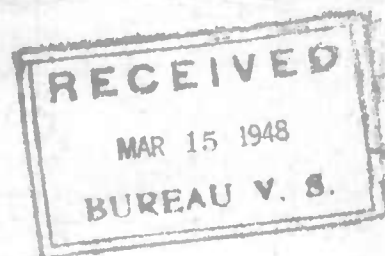
Date signed 3/10/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02720

Reg. Dist. No. 116

1. PLACE OF DEATH: Dorchester
County.....
City or town.....Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?.....3 days
Hospital, institution, or street address where death occurred:
Cambridge Maryland Hospital
How long in hospital or institution?.....3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State.....Maryland County.....Dorchester
City or town.....Elliotts, Maryland
(If outside city or town limits, write RURAL and give nearest town)
Street No.....rural
(If rural, give LOCATION)
2.(a) If veteran, name war.....none

3. (a) FULL NAME.....Alfred Jarrett

3. (b) Social Security Number.....none

4. Sex.....male 5. Color or race.....white 6.(a) Single, married, widowed, or divorced.....widowed
6.(b) Name of husband or wife.....Ida Moore
7. Birth date of deceased (mo., day, yr.).....April 9 - 1861
6.(c) If alive, give age..... years
8. AGE: Years.....86 Months.....10 Days.....27 If less than one day..... hrs..... min.

9. Birthplace.....Wisconsin Co
(Town, county, and state)
10. Usual occupation.....Waterman
11. Industry or business.....
12. Name.....Abel Jarrett
13. Birthplace.....Ida
14. Maiden name.....Jerusa Anne
15. Birthplace.....Wisconsin Co.

16. Informant.....Mrs. Malissa Lovell
Address.....Elliott, Md.
17. Burial.....Burial Date thereof.....Mar. 9 - 48
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery.....Elliott M.E. Church
Location.....Elliott, Md.
18. Funeral director.....Herbert R. Shover
Address.....Cambridge, Md.

19. Date rec'd by registrar.....3/8 48 Registrar.....John Mac. Jr.

MEDICAL CERTIFICATION

20. DATE OF DEATH.....6 MARCH 19.....48 at.....5:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....2 MARCH 19.....48 to.....6 MAR. 19.....48
and that I last saw him alive on.....6 MAR. 19.....48

Immediate cause of death.....HEART FAILURE
(OLD AGE)
Due to.....CORONARY SCLEROSIS
Due to.....

Other conditions.....FRACTURE RT.
SHOULDER
(Include pregnancy within 3 months of death)

Major findings of operations.....Committal fracture humerus healed by hanging cast method Date of op.....

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide.....Accident Date of.....March 1, 1948
Where did injury occur?.....Elliott County.....Md.
(City or town) (State)
Injured at home, farm, industry, public place (where?).....Home
Means of injury.....Stumbled over chair Injured at work?.....

23. SIGNATURE.....Walter E. Gentry Jr. M.D. M. D. or other.....
Address.....103 Church St. CAMBRIDGE, MD. Date signed.....6 MAR 48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Incomplete page is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02721

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Crabro, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County DORCHESTERCity or town CAMBRIDGE, CRABRO
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

William Johnson

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Col.

6. Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Emma Johnson

7. Birth date of deceased (mo., day, yr.)

18776. (c) If alive, give age 65 years

8. AGE:

Years

Months

Days

If less than one day

71

...hrs. ...min.

9. Birthplace

Crabro, Md.

(Town, County, and state)

10. Usual occupation

Laborer

11. Industry or business

MOTHER

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Antony results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

6-10 1947 to 3-22 1948and that I last saw him alive on MAR 27 1948

Immediate cause of death

MYOCARDIAL FAILUREDue to INANITIONOther conditions ARTERIOSCLEROSISSENILE PSYCHOSISOther conditions PROSTATIC HYPERTROPHY

(Include pregnancy within 3 months of death)

Major findings of operations NONE

Antony results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NO

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

DURATION

7 days

Date of op.

Date of

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

RECEIVED

MAR 30 1948

BUREAU V. S.

Evidence for change
of age shown on!

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02722

FILM No. G 114 MAR 29 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 19 yrs
Hospital, institution, or street address where death occurred: Bethel Street
How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME

Lula M Lane

3. (b) Social Security Number

4. Sex _____ 5. Color or race _____ 6. (a) Single, married, widowed, or divorced _____

female white married
(b) Name of husband or wife Charles Lane

7. Birth date of deceased (mo., day, yr.) 6 July 1896
6. (c) If alive, give age 51 years

8. AGE: Years 51 Months 8 Days 8
If less than one day _____ hrs. _____ min.

9. Birthplace Maderison
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business none

12. Name Maria Lane

13. Birthplace Maderison

14. Maiden name Cathleen Gell

15. Birthplace Maderison

16. Informant Charles Lane

Address Cambridge Md

Bethel Date thereof Mar 17 1948

(Burial, cremation, or removal, Which?) _____ (month) (day) (year)

Cemetery or crematory Cemetery

Location Cambridge

18. Funeral director Levin H Bayneer

Address Cambridge Md

March 17 48 _____
(Date rec'd by registrar) _____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1948 at 3:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 3 1948 to March 15 48
and that I last saw him alive on March 14 1948

Immediate cause of death Cerebral
Thrombosis

DURATION

Due to Arteriosclerosis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. Edwin Fassel
M. D. or other _____
Address Cambridge Md Date signed 3-17-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 19 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age and birth date shown on: is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of **MARYLAND STATE DEPARTMENT OF HEALTH**
 age and birth date shown on: 2411 N. Charles St., Baltimore
FILE NO. G 115 MAY 4 - 1948 **CERTIFICATE OF DEATH**

02723

Reg. Dist. No. 110

1. PLACE OF DEATH:
 County Harford
 City or town Harlock
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Harford
 City or town Harlock
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME Lydia Gurpin Lord
 4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife George Lord
 7. Birth date on 1/19/1886 6. (c) If alive, give age _____ years
 deceased (mo., day, yr.) Mar 31 1948
 8. AGE: Years 63 Months 0 Days 0 If less than one day _____ hrs. _____ min.

9. Birthplace MD
 (Town, county, and state)
 10. Usual occupation Housework
 11. Industry or business Housework
 12. Name Walter Gurpin
 13. Birthplace MD
 14. Maiden name Katie Mills
 15. Birthplace MD

16. Informant George Lord
 Address Harlock
 17. Buried Date thereof April 2, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Cemetery
 Location Harlock
 18. Funeral director A. B. Wilburgh
 Address Harlock
 19. April 2 - 1948 Charles Hedgus
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 19 48 at 11:00 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 10 1946 to March 31 1948
 and that I last saw him alive on March 29 1948
 Immediate cause of death Dysphagia due to
paralysis
Parkinson's syndrome
Dysphagia
 Due to _____
 Due to _____
 Other conditions _____

DURATION

1 month
10 yrs +

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE W. C. Harrison MD
Harlock Md. M. D. or other _____
 Address _____ Date signed 4/3/48

RECEIVED

APR 13 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

02724

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 32 yrs. 9 mos. 26 ds
Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
How long in hospital or institution? 32 yrs 9 mos 26ds

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Cecil County
City or town _____
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Willard Miller

3. (b) Social Security Number

none

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
6.(b) Name of husband or wife _____
7. Birth date of deceased (mo., day, yr.) 1887
8. AGE: Years 60 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Cecil County Maryland
(Town, county, and state)

10. Usual occupation none

11. Industry or business _____

12. Name Joseph B. Miller

13. Birthplace Cecil Cy Md.

14. Maiden name Mary Frances Rose

15. Birthplace Cecil County Md.

16. Informant Hospital Records
Address Cambridge Maryland

17. Burial Date thereof 3-17-1948
(Burial, cremation, or removal? Which?) (month) (day) (year)

Cemetery or crematory Union Cemetery

Location Celkton Md

18. Funeral director Ralph M. Reed

Address Rising Sun Md

19. 3-15-48 John Macer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 19 48 2:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 19 42, to March 14 19 48.
and that I last saw him alive on March 13 19 48.

Immediate cause of death Cerebral Arteriosclerosis DURATION 5yrs

Due to _____

Due to _____

Other conditions Mental Deficiency

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE John Macer M. D. or other

Address 14/48 Date signed _____

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 19 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

02725

CERTIFICATE OF DEATH

Reg. Dist. No. 116 115

1. PLACE OF DEATH:

County DorchesterCity or town Rural-Hoopersville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifeHospital, institution, or street address where death occurred:
Home-HoopersvilleHow long in hospital or institution? - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-Hoopersville
(If outside city or town limits, write RURAL and give nearest town)Street No. Hoopersville
(If rural, give LOCATION)2.(a) If veteran, name war - - - - -

3. (a) FULL NAME

Julia Ann Murrell

3. (b) Social Security Number

- - - -

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Albert G. Murrell7. Birth date of deceased (mo., day, yr.) Nov. 25, 18876. (c) If alive, give age - - - years

8. AGE: Years Months Days It less than one day

60326- hrs. - min.9. Birthplace Hoopersville, Dor. Co., Md.
(Town, county, and state)10. Usual occupation Post Mistress11. Industry or business Post Office12. Name William Tyler13. Birthplace Maryland14. Maiden name Martha Parks15. Birthplace Maryland16. Informant Mrs. J. Sangston ParksAddress Hoopersville, Maryland.17. Burial Date thereof Mar. 23, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Horchester Memorial ParkLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. Mar 23 1948 James W Meade
(Date rec'd by registrar) Loc. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21, 1948 at 2:50 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 21, 1948 to March 21, 1948and that I last saw her alive on March 21, 1948Immediate cause of death Subarachnoid hemorrhage DURATION 5 hoursDue to Arterial HypertensionDue to Cardio Renal Vascular diseaseOther conditions none other

(Include pregnancy within 3 months of death)

Major findings of operations X Date of op. XAutopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide X Date of XWhere did injury occur? X (City or town) X (County) X (State)Injured at home, farm, industry, public place (where?) XMeans of injury X Injured at work? X23. SIGNATURE James W Meade M.D.20 Belvedere Ave M. D. or otherAddress Cambridge Md Date signed 3/23/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 6 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

02726

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
City or town Cambridge Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. 122 Pine Street
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Edward Nichols

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6. (a) Single, married, or divorced Married

6. (b) Name of husband or wife Lura Nichols

7. Birth date of deceased (mo., day, yr.) July 18, 1888

8. AGE: Years 69 Months 5 Days 19 If less than one day hrs. min.

9. Birthplace Beckwith Neck Dor. Co. Md.
(Town, county, and state)

10. Usual occupation laborer

11. Industry or business

12. Name Edward Nichols

13. Birthplace Dor. Co. Md.

14. Maiden name Julia Wing

15. Birthplace Dor. Co. Md.

16. Informant Rebecca Dickerson

Address 1122 Pine Street

17. Burial Date thereof Mar 11 / 48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemetery Bethel Sem.

Location Cambridge, Md.

18. Funeral director Lewis H. Rayneum

Address Cambridge, Md.

19. Mar 9 - 48 John Macfar
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1948 at 8:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 4 1948 to March 7 1948
and that I last saw him alive on March 7 1948

Immediate cause of death Poban Pneumonia DURATION 4 d

Due to Arteriosclerosis & embolism 1 1/2 m

Due to Chr. Myocarditis 18 m

Other conditions Sen. Myopatia 20 m

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Carol M. McLean M. D. or other

Address Omstede St Date signed 7-8-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 19 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02727

CERTIFICATE OF DEATH

Reg. Dist. No. 16

1. PLACE OF DEATH:

County Dorchester
City or town aboard Boat in Choptank River
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Herman J. Paul

3. (b) Social Security Number

none

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Feb 2 - 1870

8. AGE: Years Months Days It less than one day

78

1

24

hrs.

min.

9. Birthplace Church Creek, Md.

(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business

12. Name Matthew J. Paul

13. Birthplace Dor Co.

14. Maiden name Jane McAllister

15. Birthplace Dor Co.

16. Informant Chas E. Paul

Address Cambridge, Md. R. 2, D.

17. Burial Date thereof 3-29-1948
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Christ Church

Location Cambridge, Md.

18. Funeral director Kenneth K. Thomas

Address Cambridge, Md

19. 3-29-48 John Maw
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

Street No. Cemetery Lane

(If rural, give LOCATION)

2. (d) If veteran, name war

none

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 26 19 48 at 4 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19. to _____ 19.

and that I last saw him _____ alive on _____ 19.

Immediate cause of death

DURATION

Disease of Coronary Arteries - sudden death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE Dr. K. Shriver, Dep. Med. Ex. exam.

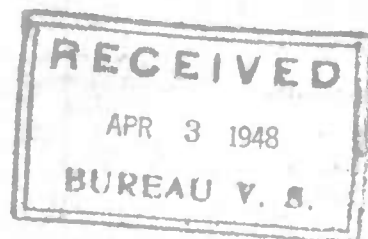
M. D. or other

Address Cambridge, Md. Date signed Mar. 27/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

02728

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County.....Dorchester.....
 City or town.....Cambridge.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....1 mon 15 ds.....
 Hospital, institution, or street address where death occurred:
 Eastern Shore State Hospital
 How long in hospital or institution?.....1 mon 15 ds.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Maryland.....County.....Somerset.....
 City or town.....Princess Anne.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....✓

3. (a) FULL NAME

Mary E. Pusey

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

William T. Pusey

6. (c) If alive, give age.....years

7. Birth date of deceased (mo., day, yr.)

July 28 1867

8. AGE:

Years 80

Months 7

Days 15

If less than one day

.....hrs.min.

9. Birthplace

Worcester
(Town, county, and state)

10. Usual occupation

Housewife
Own home

11. Industry or business

FATHER

12. Name

Littleton Pusey

13. Birthplace

Princess Anne Somerset Cy Md.

MOTHER

14. Maiden name

Sally-

15. Birthplace

Princess Anne Somerset Cy Md.

16. Informant

Hospital Records
Cambridge, Maryland

Address

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

3/11/48
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

3-14-48
(Date rec'd by registrar)

19 48

John M. M. M. M.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....March 14.....19 48.....at 10.30a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 January 28 19 48 to March 14 19 48
 and that I last saw h.....alive on March 12 19 48

Immediate cause of death

Bronchpneumonia

DURATION

36 hrs

Due to

Myocardial Degeneration

Due to

Other conditions

Senile psychosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....Date of.....

Where did injury occur?.....(City or town).....(County).....(State)

Injured at home, farm, industry, public place (where?).....

Means of injury

Injured at work?

23. SIGNATURE

Grace M. Branscombe

M. D. or other

Address

Cambridge Md.

Date signed 2/14/48

RECEIVED

MAR 20 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Hopkinton
City or town Church Creek
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? entire life
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD. County Alb.
City or town Church Creek
(If outside city or town limits, write RURAL and give nearest town)
Street No. none
(If rural, give LOCATION)
2.(c) If veteran, name war none

3. (a) FULL NAME

Ada Lee Richardson

3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Howard Richardson

7. Birth date of deceased (mo., day, yr.) Oct. 21 - 1863 6.(c) If alive, give age 84 years

8. AGE: Years 84 Months 4 Days 17 It less than one day hrs. min.

9. Birthplace Hopkinton
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Joseph Airey

12. Name War Co.

13. Birthplace Elizabeth Covey

14. Maiden name War Co.

15. Birthplace Donald Richardson

16. Informant Church Creek, Md.

Address Burial

17. Date thereof 3-10-48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Red Hunt Church

Location Church Creek, Md.

18. Funeral director Benjamin R. Thomas

Address Cambridge, Md.

19. Mar 10 48 19 48
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1948 at 9 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from MARCH 6 1948 to MARCH 8 1948 and that I last saw h. ER. alive on MARCH 8 1948

Immediate cause of death Right CEREBRAL HEMORRHAGE 36 hrs

Due to ARTERIOSCLEROSIS

Due to SENILITY

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NO

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. J. Banks

Address Cambridge Md Date signed 3/8/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 11 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02730

Reg. Diat. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 12 Years
Hospital, Institution, or street address where death occurred:
Cambridge Maryland Hospital
How long in hospital or institution? 6 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 201 Belvedere Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war - - - - -

3.(a) FULL NAME

Harrel H. Richardson

3.(b) Social Security Number

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Married</u>
-----------------------	----------------------------------	---

6.(b) Name of husband or wife Mary W. Dixon
6.(c) If alive, give age 57 years
7. Birth date of deceased (mo., day, yr.) Sept. 12, 1888
8. AGE: Years 59 Months 6 Days 9 It less than one day hrs. min.

9. Birthplace Cambridge, Dor. Co., Md.
(Town, county, and state)
10. Usual occupation Butcher
11. Industry or business Grocery
12. Name John Richardson
13. Birthplace Maryland
14. Maiden name Sarah Larmore
15. Birthplace Maryland
16. Informant Mrs. Marion Causey
Address Cambridge, Maryland.
17. Burial Burial Date thereof April 3, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Monekine Church Cemetery
Location Princess Anne, Maryland
18. Funeral director LeCompte's Funeral Service
Address Cambridge, Maryland.
19. April 4, 1948 John M. Mason
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31, 1948 at 10:15 PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/16 1948 3/31 1948
and that I last saw him alive on 3/31 1948

Immediate cause of death LEFT CEREBRAL HEMORRHAGE DURATION 7 days

Due to ARTERIOSCLEROSIS
Due to CHRONIC PYELONEPHRITIS
BILATERAL RENAL CALCULI
Other conditions MYOCARDIAL HYPERTROPHY
WITH FAILURE
(Include pregnancy within 3 months of death)

Major findings of operations ENLARGED PROSTATE
OBSTRUCTION. Date of op. FEBRUARY 1948

Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NO
Accident, suicide, or homicide. Date of NO
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Th. J. Starks M. D. or other 3/31/48
Address CAMBRIDGE, MD Date signed 3/31/48

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 6 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02731

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Rural-Toddville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Toddville

How long in hospital or institution? - - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty DorchesterCity or town Rural-Toddville

(If outside city or town limits, write RURAL and give nearest town)

Street No. Toddville

(If rural, give LOCATION)

2.(a) If veteran, name war - - - - -

3. (a) FULL NAME

Mac Milton Robinson

3. (b) Social Security Number

- - - - -

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

8. (b) Name of husband or wife

Lena Johnson

7. Birth date of

deceased (mo., day, yr.)

July 3, 18736. (c) If alive, give age 73 years

8. AGE:

Years 74Months 8Days 5

It less than one day

hrs. min.

9. Birthplace

Toddville, Dor. Co., Md.

(Town, county, and state)

10. Usual occupation

Waterman

11. Industry or business

SeafoodFATHER
MOTHER

12. Name

Calib Robinson

13. Birthplace

Maryland

14. Maiden name

Emmaline (Robinson)

15. Birthplace

Maryland

16. Informant

Miss Naomi Robinson

Address

Toddville, Maryland

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof Mar. 10, 1948

(month) (day) (year)

Cemetery or crematory

Zion Church Cemetery

Location

Toddville, Dor. Co., Md.

18. Funeral director

LeCompte's Funeral Service

Address

Cambridge, Maryland.

19.

March 10 - 19 48

(Date rec'd by registrar)

John Mac G. M.D.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8, 19 48 at 3:50 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

FEB. 14 19 48 to 3 MAR 19 48and that I last saw him alive on 3 MAR. 19 48

Immediate cause of death

HEART FAILURE

DURATION

Due to

CORONARY ARTERY
SCLEROSIS

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

John Mac G. M.D.

M. D. or other

Address CAMBRIDGE MD Date signed 9 MAR 48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 11 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02732

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Rural-Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Hudson, RFD # 3
 How long in hospital or institution? - - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Rural-Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Hudson-RFD # 3
 (If rural, give LOCATION)
 2. (a) If veteran, name war - - - - -

3. (a) FULL NAME

Mary Rhea Seward

3. (b) Social Security Number

- - - - -

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Jerome Seward
 Died 9/27/1939 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Nov. 15, 1870
 8. AGE: Years 77 Months 4 Days 3 If less than one day _____ hrs. _____ min.

9. Birthplace Cambridge, RFD # 3, Maryland
 (Town, county, and state)
 10. Usual occupation Domestic
 11. Industry or business Home
 12. Name William J. Rhea
 13. Birthplace Maryland
 14. Maiden name Martha Ann Spedden
 15. Birthplace Maryland

16. Informant Mr. Sidney O. Bennett
 Address RFD # 3, Cambridge, Md.
 17. Burial Date thereof Mar. 20, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Speddens Cemetery
 Location James, Dor. Co., Maryland
 18. Funeral director LeCompte's Funeral Service
 Address Cambridge, Maryland.

19. Mar 19 19 48 John Mace Jr. M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 19 48, at _____ M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
March 18 19 48 to March 18 19 48
 and that I last saw him En alive on March 18 19 48
 Immediate cause of death Cerebral hemorrhage DURATION 24 hours
 Due to Hypertension Essential
Arteriosclerosis
 Due to _____
 Other conditions _____
 (Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following no
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE [Signature] M. or other 3/18/48
 Address Cambridge, Md. Date signed _____

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 20 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02733

CERTIFICATE OF DEATH

Reg. Dist. No.

116

1. PLACE OF DEATH: **Dorchester**
 County.....
 City or town..... **Cambridge, R.F.D.**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... **46 yrs**
 Hospital, institution, or street address where death occurred:
Gipsy Hill
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... **Maryland** County..... **Dorchester**
 City or town..... **Cambridge, R.F.D.**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... **Gipsy Hill**
 (If rural, give LOCATION)
 2. (a) If veteran, name war.....

3. (a) FULL NAME

Caroline Sharp

3. (b) Social Security Number

4. Sex..... **female**
 5. Color or race..... **colored**
 6. (a) Single, married, widowed, or divorced..... **widowed**
 6. (b) Name of husband or wife..... **Ureal Sharp**
 (deceased)
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... **August 25, 1887**
 8. AGE: Years..... **60** Months..... **6** Days..... **20** It less than one day..... hrs. min.

9. Birthplace..... **Maryland**
 (Town, county, and state)
 10. Usual occupation..... **Housework**
 11. Industry or business..... **Home**
 12. Name..... **Moses Farrow**
 13. Birthplace..... **Maryland**
 14. Maiden name..... **Linga Jones**
 15. Birthplace..... **Maryland**

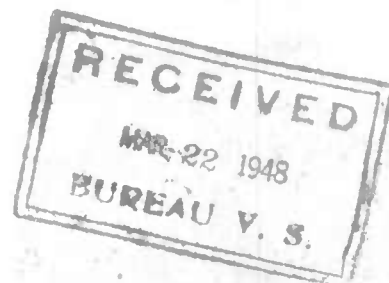
16. Informant..... **Sarah Ennals**
 Address..... **Cambridge, Md.**
 17. **Coard towp** Date thereof..... **Mar 18**
 (Burial, cremation, or removal. Which?) (month) (day) (year)
near Cambridge
 Cemetery or crematory.....
 Location.....
 18. Funeral director..... **Levin H Bassneym**
 Address..... **Cambridge Md**
 19. **3/10/48** (Date rec'd by registrar) **John Mace** Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... **March 15** 19 **48** at..... **9 AM**
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 X X 19..... 10..... X X 19.....
 and that I last saw h..... alive on..... X X 19.....
 Immediate cause of death..... **Cerebral Haemorrhage**
 DURATION..... **1 day**
 Due to..... **Arterio-Sclerosis**..... year.....
 or more
 Due to..... X
 Other conditions..... X
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town)..... (County)..... (State).....
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?
 23. SIGNATURE..... **K. Shivers, Dep. Med. Exam.** M. D. or other
 Address..... **Cambridge, Md.** Date signed..... **Mar. 17/48**



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02734

Reg. Dist. No. 110

1. PLACE OF DEATH:

County Dorchester
 City or town Finchville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 mos.
 Hospital, institution, or street address where death occurred:
Federalburg R.F.D.#1
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Finchville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Federalburg, R.F.D.#1
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3.(a) FULL NAME

Daniel Stevens

3.(b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed
 6.(b) Name of husband or wife Anna Watson (deceased)
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) January 16, 1888
 8. AGE: Years 60 Months 2 Days x It less than one day
 hrs. min.

9. Birthplace Maryland
 (Town, county, and state)
 10. Usual occupation Farming
 11. Industry or business x
 12. Name Allison Stevens
 13. Birthplace Maryland
 14. Maiden name Sarah Merrick
 15. Birthplace Maryland

16. Informant Mrs. Celia Lord
 Address Eldorado, Maryland
 17. Burial Date thereof March 18, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Eldorado Cemetery,
 Location Eldorado, Maryland.
 18. Funeral director J. J. Frampton & Son,
 Address Federalburg, Md.

19. March 18 1948 Charles Hastings
 (Date rec'd by registrar) Registrar

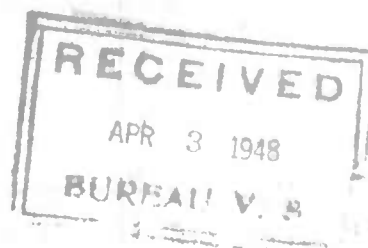
MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1948 at 7-30 A
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
x x 19..... to..... x x 19.....
 and that I last saw h. x alive on..... x x 19.....

Immediate cause of death Acute Myocarditis DURATION 1 day
 Due to Grippe 4 days
 Due to.....
 Other conditions Alcoholism
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE Dr. H. Shriver Dep. Med. Exam.
 M. D. or other
 Address Cambridge, Md. Date signed Mar. 16/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02735

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Three Weeks
 Hospital, institution, or street address where death occurred:
Cambridge Maryland Hospital
 How long in hospital or institution? Three Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Rural-Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. RFD # 3, Lloyds
 (If rural, give LOCATION)
 2.(a) If veteran, name war - - - - -

3. (a) FULL NAME

Frank Thompson

3. (b) Social Security Number

- - - - -

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Eva Smith

7. Birth date of deceased (mo., day, yr.)

Feb. 16, 1870

6. (c) If alive, give age - - - - - years

8. AGE:

Years

Months

Days

If less than one day

78

1

3

hrs.

min.

9. Birthplace RFD, Vienna, Dor. Co., Md.
(Town, county, and state)10. Usual occupation Farmer-Realtor11. Industry or business Retired12. Name Samuel E. Thompson13. Birthplace Maryland14. Maiden name Emily Webb15. Birthplace Maryland16. Informant Mrs. Eva Smith ThompsonAddress Cambridge, Maryland17. Burial Date thereof Mar. 20, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Old Trinity CemeteryLocation Church Creek, Dor. Co., Md.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. Mar. 20 - 48 John M. M...
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19, 1948 at 3:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
MARCH 1, 1948 to MARCH 19, 1948
 and that I last saw him alive on MARCH 19, 1948

Immediate cause of death METASTATIC ADENOCARCINOMA?
 DURATION

Due to ADENOCARCINOMA ?
KIDNEY

Other conditions OSTEO ARTHRITIS ?

(Include pregnancy within 8 months of death)

Major findings of operations Biopsy. SECONDARY ADENOCARCINOMA.
MEMORIAL HOSP. WILMINGTON DEL.
 Autopsy results. Date of op. 1/29/48
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NO
 Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [Signature] M. D. or other
Cambridge Md Date signed 3/20/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 24 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

53

02736

Reg. Dist. No. 110

1. PLACE OF DEATH:

County Dorchester
City or town Williamsburg
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:

How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
City or town Williamsburg
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Jennie C. Todd

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife William W. Todd
6.(c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) December 5, 1869

8. AGE: Years 78 Months 3 Days 2 If less than one day _____ hrs. _____ min.

9. Birthplace Dorchester County, Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business None

12. Name Mrs. Wesley Windsor

13. Birthplace Dorchester County, Maryland

14. Maiden name Sarah Holder

15. Birthplace Dorchester County, Maryland

16. Informant Mrs. John Franz

Address Williamsburg, Maryland

17. Burial Date thereof March 10, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Hill Crest Cemetery

Location Federalburg, Maryland

18. Funeral director J. J. Thompson and Son

Address Federalburg, Maryland

March 9-1948 Charles Hastings

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 19 48 at 6:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 47 to March 48
and that I last saw her alive on March 7 19 48

Immediate cause of death _____ DURATION _____

Carcinoma of nose 1 yr +

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. J. Harrison M.D. M. D. or other _____

Address 1 Hurlock Rd. Date signed 3/8/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 10 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

02737

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 12 yrs.
 Hospital, institution, or street address where death occurred:
45 Park Lane
 How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 45 Park Lane
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Elizabeth Wheatley

3. (b) Social Security Number

4. Sex female 5. Color or race colored 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Daniel Wheatley
 6.(c) If alive, give age 60 years
 7. Birth date of deceased (mo., day, yr.) 1892
 8. AGE: Years 56 Months X Days X It less than one day
hrs.min.

9. Birthplace Md.
 (Town, county, and state)
 10. Usual occupation housework
 11. Industry or business home
 12. Name John Green
 13. Birthplace Md.
 14. Maiden name Sarah Green
 15. Birthplace Md.

16. Informant Helen E. Thomas
 Address 6 Wright St. - Cambridge, Md.

17. Burial Date thereof Mar 23 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Knapp Cemetery
 Location Cambridge, Md.
 18. Funeral director H. M. Williams & Son
 Address Cambridge, Md.
 19. 3/23/48 19 48 John Mace
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1948 about 6 P.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
X X 19..... to X X 19.....
 and that I last saw him alive on X X 19.....

Immediate cause of death
Disease of Coronary Arteries-sudden death

Due to X X
 Due to X X
 Other conditions X X
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

Signature John H. Shriver Dep. Med. Exam.
 M. D. or other
 Address Cambridge, Md. Date signed Mar. 20/48

RECEIVED

MAR 24 1948

BUREAU V. S.

Evidence for change of
age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

02738

FILM No. G 114 MAR 9 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH:

County Sonoma

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Costed to me 10 days

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Me. County Sonoma

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

Street No. R 90 Casco
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Raymond S. White

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Laverne White

7. Birth date of deceased (mo., day, yr.) July 31 1899

8. AGE: 44 Years 4 Months 4 Days hrs. min.

9. Birthplace Philadelphia Pa
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Chaffeur

12. Name Horace White

13. Birthplace Princeton Ann

14. Maiden name Emma Collins

15. Birthplace Westover Md

18. Informant Marvin Coffman

Address 1500 W. Cumberland

Merrison Date thereof March 6 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Philadelphia Pa.

Location Lewis H. Payne

18. Funeral director Lewis H. Payne

Address

19. 3/4 48 John Mac G. M.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1948 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 3 1948 to March 1 1948

and that I last saw him alive on March 1 1948

Immediate cause of death Congestive Heart Failure

Due to Hypertension (essential)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

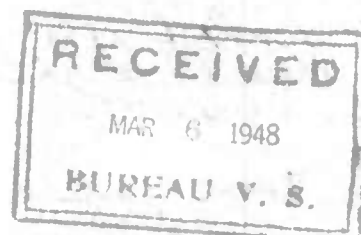
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Signature Edwin Fassel M. D. or other

Address 300 Main Cambridge Md Date signed 3-4-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

02739

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Two Weeks

Hospital, institution, or street address where death occurred:

Cambridge Maryland HospitalHow long in hospital or institution? Two Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-Hudson
(If outside city or town limits, write RURAL and give nearest town)Street No. RFD # 3

(If rural, give LOCATION)

2. (a) If veteran, name war - - - -

3. (a) FULL NAME

Ella E. Woolford

3. (b) Social Security Number

- - - -4. Sex Female5. Color or race White6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Thomas H. Woolford

(Died 1925)

7. Birth date of deceased (mo., day, yr.) Oct. 11, 18656. (c) If alive, give age - - - - years8. AGE: Years 82 Months 5 Days 18
If less than one day - - - - hrs. - - - - min.9. Birthplace RFD # 3, Cambridge, Dor. Co., Md.
(Town, county, and state)10. Usual occupation - - - -11. Industry or business - - - -12. Name Levin R. Marshall13. Birthplace Maryland14. Maiden name Mahala Phillips15. Birthplace Maryland16. Informant Mr. Jesse R. WoolfordAddress RFD # 3, Cambridge, Maryland17. Burial Date thereon April 1, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Richardson Family CemeteryLocation Church Creek, Dor. Co., Md.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 4 - 1 - 19 48 John Marshall Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29, 19 48 at 8:30 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/16 19 47 to 3/29 19 48and that I last saw h. ER alive on MARCH 29 19 48Immediate cause of death CORONARY ARTERY THROMBOSIS

DURATION

Due to HYPERTENSIVE CARDIOVASCULAR DISEASEDue to CHRONIC NEPHRITISDue to DIABETES MELLITUSOther conditions - - - -

(Include pregnancy within 3 months of death)

Major findings of operations NONEDate of op. - - - -Autopsy results - - - -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NOAccident, suicide, or homicide - - - - Date of - - - -Where did injury occur? - - - - (City or town) - - - - (County) - - - - (State)Injured at home, farm, industry, public place (where?) - - - -Means of injury - - - - Injured at work? - - - -23. SIGNATURE [Signature] M. D. or other - - - -Address Cambridge, Md. Date signed 4/1/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 3 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02740

Reg. Dist. No. 110

1. PLACE OF DEATH:

County DorchesterCity or town Hurlock
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Hurlock
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Celia S. Wright

3. (b) Social Security Number

None4. Sex Female5. Color or race White6.(a) Single, married, widowed, or divorced Widowed6.(b) Name of husband or wife William C. Wright

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) December 23, 18788. AGE: Years 69 Months 2 Days 14 If less than one day _____ hrs. _____ min.9. Birthplace Dorchester County, Maryland
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Home12. Name John T. Layton13. Birthplace Dorchester County, Maryland14. Maiden name Flora A. Jackson15. Birthplace Dorchester County, Maryland16. Informant James N. SaundersAddress Easton, Maryland17. Burial Date thereof March 9, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory McPherson CemeteryLocation Near Rhodesdale, Maryland18. Funeral director J. J. Trampton and SonAddress Frydelsburg, Maryland19. March 9-48 Charles Hasting
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 19 48 at 12 Noon21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 2nd 1948 to Mar 7th 1948and that I last saw him alive on Mar 7 19 48Immediate cause of death Carcinoma of breast 2 generalized metastasis 10 yrs.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations Radical mastectomy left. Date of op. 1938

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Frank M. Anderson M.D. M. D. or otherAddress Frydelsburg, Md. Date signed 3/9/48

RECEIVED

MAR 10 1948

BUREAU V. S.